S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29110

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7990

1. PLACE OF DEATH:

(a) County ST

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Genevieve

(c) City or town St Marks, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOAN ELIZABETH BAUMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY (Month) 4 (Day) 1933 (Year)

8. AGE: Years 11 Months 4 Days 13 If less than one day hr. min.

9. Birthplace KASKASKIA ISLAND (City, town, or county) ILL (State or foreign country)

10. Usual occupation SCHOLAR

11. Industry or business

FATHER
12. Name LOUIS W. BAUMAN
13. Birthplace KASKASKIA ISLAND (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name VERONICA SCHMEBAUCH
15. Birthplace KASKASKIA ISLAND (City, town, or county) ILL (State or foreign country)

16. (a) Informant Louis W. Bauman
(b) Address St. Mary's Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation KASKASKIA ISLAND Ill.

18. (a) Signature of funeral director Lee C. Barker
(b) Address St. Genevieve Mo

19. (a) SEP 18 1944 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1944 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/15/44, 19..., to 9/17/44, 19...; that I last saw alive on 9/16/44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic acidosis	3 days
Due to: Diabetis Mellitus	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. A. J. Kolkes (M.D. or other)

Address 462 N. Taylor Date signed 9/18/44

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1944

Dr. A. J. Kotkis
462 N. Taylor
Je 3010
Wy 1310 - 1 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 4911 Washington Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.